HYSI- Kxact	PLACE OF DEATH County Q O	STATE OF MARYLAND CERTIFICATE OF DEATH
, de de	2 1	Registration Dist. No. 290
ated EXACTLY, For operly classified.	Village or City Cables (No. 2 Con 2	Jekgenny Hospi: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
stated proper of certi	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
d be y be ack o	Jemale Marked, Wilowed, Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
CE should hat it ma lons on b	6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 2   192 to   192   that I last saw h alive on   192   192
ed. A s so t struct	7 AGE   If LESS than   I dayhrs. ormin.?	and that death occurred on the date stated above, at 2 40 Am. The CAUSE OF DEATH * was as follows:  Outcome Half Blokke
uily suppli	a OCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry	à milastise la liver.
	business, or establishment in which employed or (employer)	(Duration) 3(8)rs. mos. ds.
be caref EATH in importa	9 BIRTHPLACE (State or country) Trainia	Contributory Secondary  (Derajon)
hould OF D	10 NAME OF ACOUT Prestyman	(Signed) Solow M. D.
CAUSE TION	OF FATHER  Z (State or country)  12 MAIDEN NAME  O . F.	State the Disease Causing Death, or, in deaths from Vislent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
Every Item of Information CIANS should state statement of OCCUPA	of MOTHER  13 BIRTHPLAGE OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrs_2_/_mos_20ds.
	(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of deathyrs
	(Informant) Mrs Yollan Loonleg 40 (Address) Chesterson 1, 1	19 PLACE OF BURIAL OR REMOVAL  Melford NEL May 9,7931
B. B. C. E.	Filed 5/9 1931 M. S. Menser	John Millianca Las on Wed
2	If more banks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., William - Laborer, Laborer-Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). For persons who have no occupation gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, whatever, write None. Foreman, For many occupations a single word or term on without more precise specification as Day who are engaged in the duties of the Stationary fireman, etc. But in many (b) Automobile factory. The material -Coal mine, etc. Wom-Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) approved by Committee on as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by taken. FOR VIOLENT DEATHS state MEANS OF INJURY (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi Chronic valvular heart disease; etc. The contributory Nomenclature of the

V. S. No. 1

	Exact
WRITE PLAILY WITH UNFADING INKTHIS IS A PERMA NT CORD	FEVER Should state CAUSE OF DEATH In plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
TAN	be state
PERMA	should lit may l
IS A I	ACE to that
-THIS	pplied. terms s
INK-	fully su plain i
FADING	be care EATH Ir Import
LH UN	should E CF D Is very
Y.	CAUS
or or	f Information
RITE F	Item os shoul
M	Every CIANS staten
(	

PLACE OF DEATH	STATE OF MARYLAND
County Gallot	CERTIFICATE OF DEATH
County	03
2 6	Registration Dist. No. 29/
Village or City oyal CHOSK	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Millard C	tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Neale William (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
6 DATE OF BIRTH	17   I HEREBY CERTIFY, That I attended the deceased from
200 14 . 183	June 1930 to may 30 , 1929 /,
(Month) (Day) (Year)	that I last saw hand alive on May 30 , 1931,
7 AGE   If LESS than	and that death occurred on the date stated above, at 320 Pm.
1/3 (   day hrs.	The CAUSE OF DEATH * was as follows:
23 yrs. 6 mos. 6 ds. or min.?	
a) Trade, profession or particular kind of work	Vastrains of many
(b) General nature of industry	**************************************
business, or establishment in	(Duration) Jyrs mos ds
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary
1 10 NAME OF	(Durstion) yrs mos ds.
FATHER COMMENT OF THE STATE OF	(Signed) Want O that M. D.
O 11 BIRTHPLAGE	192 (Address) Royal Oal mul
Z (State or country)	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER	At place of death yrs mos, ds. In the State yrs ds.
(State or Country) M. Marstone	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Veston & Chickage	usual residence
(Address) Poyal Oak	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed June 1 1981 John Howwales	20 UNDERTAKER ADDRESS
Tied Registrar	Line Il Spence Costan mo
If more bianks are needed, addre.s State Registras	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., without more record mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation (b) Automobile factory. The material (6) Grocery;

Statement of Cause of Death—Name, first, the bis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Ezhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptominges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS STATE MEANS OF INJULY cough; Chronic valvular heart disease; Example: Measles (disease affection need not be etc. The contributory Nomenclature of the Measles ;

All this certificate is looked over thoroughly and all quantions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

6

S. No.

M ż

PLACE OF DEATH County Jalbot	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 293,
Village or City Cordova (No	St: Ward) (If death occurred in a hospital or institu-
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH May 19-, 1923/
May 19-, 1931,  (Math) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192 to 192 that I last saw h
7 AGE    If LESS than   day hrs. or min.?	and that death occurred on the date stated above, atm.  The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	Dell berch  (Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country)  10 NAME OF ATHER  11 BIRTHPLACE  11 BIRTHPLACE	(Signed) (Address) (Durdient) yrs
OF FATHER (State or country)  12 MAIDEN NAME Virginia Stanford  OF MOTHER  OF MOTHER	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death yrs
(Address) Casten - Md,	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Col. Brethern Cemetary 5/20, 1931, 20 UNDERTAKER ADDRESS
Filed 120 1923/1 J. L. Bardner	Am B - lead of the land on Will

#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. Statement of Occupation-Precise statement of oc-Foreman, For many occupations a or At Home, and children, yrs). Farm laborer, without more precise specification as Day For persons who have no occupation 6 If the occupation has been changed Automobile factory. The material Laborer--Coal mine, etc. single word or term on not gainfully em-Grocery,

s; inal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospind EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS Typhoid fever (never report "Typhoid Pneumonia") time and causation), using always the same accept (the only definite synonym is "Epidemic cerebro" pneumonia, Bronchopneumonia ("Pneumonia,"

> American Medical Association.) diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. approved by telurius) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important use of "Tumor" for malignant neoplasms); Recommendations on statement of cause of State cause for which surgical operation was undercan be ascertained as the cause. tions, such as "Asthenia," "Anaenia" (mercly symptomcausing death), 29 ds.; L. hopneumonia (secondary), (secondary or intercurrent) Examples: Accidental drowning; Struck by railway train 10 ds. Never report mere symptoms or terminal condi-Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, menperitonaeum, etc., Carcinoma, Sarcoma, etc., of .. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJURY cough; Committee on Nomenclature Chronic Example: Measles (disease affection need etc. valvular The contributory Always qualify all heart Measles; not be disease;

permanently filed. data is essential and must be obtained before the certificate answered in detail, it will prevent further correspondence. If this certificate is looked over thoroughly and all questions

1931 2

V. S. No. 1

WRITE PLACE THE UNFADING INK-THIS IS A PERMANT CORD (S)	N. B Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-	CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact	statement of OCCUPATION is very important. See instructions on back of certificate.
WRITE PL. LY	N. BEvery item of information should be ca	CIANS should state CAUSE OF DEATH	statement of OCCUPATION is very impo

1					
PLACE OF DEATH				STATE OF	MARYLAND
County Jallot			(3)	CERTIFICATE	OF DEATH
near london				Registration	Dist. No. 293,
Village or City Tondor	a/ (No			St.: Ward	(If death occurred in a hospital or institu-
<sup>2</sup> FULL NAME	Infant	Bake		***************************************	tion, give its NAME is stead of street and number.)
PERSONAL AND STA	ATISTICAL PARTICI	JLARS	MEDICA	AL CERTIFICATE	OF DEATH
Male Color or	RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCEI (Write the word	engle	16 DATE OF DEATH	- /	9 , 192 <b>5/</b> , (Year)
6 DATE OF BIRTH		40 -	17 I HEREBY	//	ended the deceased from
"h	lay 19-	1931		192 to	, 192
•••••	(Month) (Day)	(Year)	that I last saw h	on May	19/3/, 192,
7 AGE	0	If LESS than	and that death occurr		l above, atm.
Vyrs.	C mos. de	I day hrs.	The CAUSE OF DEATH	H * was as follows:	
8 OCCUPATION	1100,	01,	0/	Mort	
(a) Trade, profession or particular kind of work	mone.		00000000000000000000000000000000000000		00000000000000000000000000000000000000
(b) General nature of indust		**********************	110000000000000000000000000000000000000		
business, or establishment in which employed or (employed				(Duration)	yrsds,
9 BIRTHPLACE	n 1		Contributory		
(State or country)	md.			(Dardion)	yrsmosds,
10 NAME OF OM	m B 1		(Sigged)	MO Jor.	M,(D,
FATHER	- Vares		May Dolor	(Address)	Cordonatus
(State or country)  12 MAIDEN NAME	md.		*State the Dis	sease Causing Death, te (1) Means of Ir	or, in deaths from jury and (2) Whether
of MOTHER	gruia Stan	ford	Accidental, Suicidal o	IDENCE (For Hospi	tals, Institutions, Trans-
13 BIRTHPLACE	1	1	ients or Recent Res	ln the	
OF MOTHER (State or country)	md,		of deathyrsme		teyrsmosds,
14 THE ABOVE IS TRUE TO TH	E BEST OF MY KNOW	EDGE	Where was disease contra	screa, 17	00(0*0*********************************
(Informant) Anni	dampso	/	Former or usual residence	1	90 00 00 00 00 00 00 00 00 00 00 00 00 0
(Informant)	a de position	10	19 PLACE OF BURIAL	OR REMOVAL	DATE OF BURIAL
(Address)	Costop -	ma,	Col Beether	Cemetary	5/20 . 13/1
15 Filed 5/20 1923	1. 2. 4. 30	Registrar	20 UNDERTAKER Bakes	( fether ).	Condova, Mil,
If more biar	aks are needed, address	State Registrar	r, 16 W. Saratoga St., B	Requesting V.	S. No. 1.

(Approved by U. S. Census 2nd American Public Health Association.)

er," etc., wir-i-horer, Farm laborer, state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Civil engineer, Physician, Compositor, report specifically the occupations of persons en-Foreman, or At Home, For many occupations a single word or term on yrs). without more precise specification as Day For persons who have no occupation mpositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many (b) Automobile factory. The material and children, not gainfully em-Laborer-Coal mine, etc. Wom-Grocery;

Statement of Cause of Death—Name, first, the DISA EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, "Inanition," "Marasmus," UIA Age, SHOCK, "Uraemia," "Weakness," etc., when a definite disease stated unless importan+ Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. shopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; ...... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY resulting from childbirth or miscarriage as Committee on Nomenclature of the Chronic Example: Measles (disease etc. The contributory affection need valvular heart Always qualify all Poisoned by disease; not be

It this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate in permanently filed.

1931

V. S. No. 1

3	PLACE OF DEATH	STATE OF MARYLAND
	County Sulval	CERTIFICATE OF DEATH
	5 7 0	Registration Dist. No. 290
certificate.	Village or City Caston (No. 6)  2FULL NAME Tetus Brady	mergeusy formation (If death occurred in a hospital or institution, give its NAME in stend of street and number.)
cert	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
back of	Male White Single, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH May 9 , 199 / (Month) (Day) (Year)
s on	6 DATE OF BIRTH 5/9/3/1	17 I HEREBY CERTIFY, That I attended the deceased from
lon	(Month) (Day) (Year)	that I last saw halive on, 192
nstruction	7 AGE / If LESS th. l dayh. yrsmosds. ormir	rs. The CAUSE OF DEATH * was as follows: .
See	B OCCUPATION (a) Trade, profession or particular kind of work	
rtant.	(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion)
lmpo	9 BIRTHPLACE (State or country)	Contributory Secondery (Durtion) / yrs / mos de
s very	11 BIRTHPLACE Dradge Brady	(Signed) (Address) (Address)
NOI	OF FATHER (State or country)  12 MAIDEN NAME / 12 MAIDEN NAME / 1	*State the Disease Causing Death, or, in deaths from Wolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
UPAT	of MOTHER Clinic Molma Jones	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
loccu	OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of deathyrsds,ds,s
ent o	(Informant) I we Best of MY KNOWLEDGE	Former or usual regidence
statement	(Address) Pock Hall, Md.	mergua Hospital at Ouse
	Filed 5/1/ 1931 M. A. Person	Emergency Hospia Caster
	If more bianks are needed, address State Registr	rar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

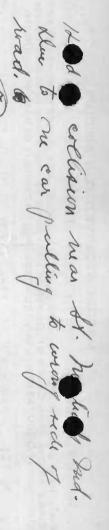
(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the whatever, write None. For many occupations a single word or term on Locomolive engineer,

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on accident; Revolver wound of head-homicide; Poisoned by Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, "(Exhaustion," "Heart tanue," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. atic), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-Whooping Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Always qualify all Never report mere symptoms or terminal condicough; Chronic valvular etc. The contributory Nomenclature of the heart disease;

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institu-tion, give its NAME is -stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH WIDOWED. may (Month) (0 (Day) 3 / (Year I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH (Day) (Year) 7 AGE IfLESS than and that death occurred on the date stated above, at ... I day hrs. The CAUSE OF DEATH \* was as follows: or min.? BOCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration) Which employed or (employer) MARGIN 9 BIRTHPLACE (State or country) 11 BIRTHPLACE OF FATHER \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. CAU (State or country) 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate CCUP/ ients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER of death .....yra. mos. # ds. (State or Country) D Where was disease contracted, if not at place of deash?.... sh Every it CIANS stateme BURIAL OF REMOVE DATE OF BURIAL 20 UNDERTAKER Filed If more branks are needed, address State Registrar, 16 W. Salatoga St., Balto., Requesting V. S. No. 1.



(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quessary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., without more precise specification as Day whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on (b) Automobile factory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptom 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping "Atrophy," "Collapse," "Coma," "Convulsions," cough; Chronic valvular heart

PLACE OF DEATH	STATE OF MARYLAND
County Collect	CERTIFICATE OF DEATH
	92-a Registration Dist. No. 293
Village or City (No. 2FULL NAME Chas Edwar	St.: Ward)  St.: Ward)  Glack  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male There or race 5 single, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH May 55, 1931.  (Month) (Day) (Year)
6 DATE OF BIRTH  Tas-lanom, 1.  (Month) (Day) (Year)	that I last saw h w alive on May 23/2, 192,
TAGE  About, 38  yrs. mos. ds. or min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry	met Valvalor Greons
business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	Contributory Secondary  (Donation) yrs. mos ds.
10 NAME OF FATHER SOLE PRINCE  OF FATHER  (State or country)	(Spred) M. D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs
(Informant) has Mayre Hoyer  (Address)	Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  Judgella Cuelles Nay 27/, 19
Filed 5/27 1981a J. L. Gardner Registrar	Jugil Moore Deuton, Md

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precious and mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womsary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (control of tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrumt, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully em-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, tion applies to each and every Foreman, For many occupations a single word or term on Compositor, Architect, (b) Automobile factory. The material ntpositor, Architect, Locomotive engineer, Stationary freman, etc. But in many Salesman. (b) person, irrespective of Grocery;

Statement of Cause of Death—Name, first, the Disc EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebros pinds fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate in permanently filed.

MAmerican Medical Association.) If this certificate is looked over thoroughly and all questions approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, "Uraemia," "Weakness," etc., when a definite disease Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (secondary or intercurrent) affection need Whooping cough; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Exhaustion," peritonaeum, etc., Carcinoma, Sarcoma, etc., of interstitial nephritis, resulting from childbirth or miscarriage as "Heart failure," "Ilaemorrhage, Chronic etc. valvular heart The contributory disease; not be

M	Exact	PLACE OF BEATH County	STATE OF MARYLAND CERTIFICATE OF DEATH
ECOND	ly classificate	Village or City Town (NJA)  2FULL NAME / Selection of the	Registration Dist. No. 290  St.: Ward)  Control of the street and street and street and number.)
T	certi	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S IS A PERMAN	so that it may be pructions on back of	S SEX Male 4 COLOR OR RACE 5 SINGLE, MARRIED, Married WIDOWED OR DIVORCED (Write the word)  (Month) (Day) (Year)  7 AGE  [If LESS than I day, hrs.	18 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from 192 to ,192 that I last saw h alive on ,192 and that death occurred on the date stated above, at 200 m The CAUSE OF DEATH * was as follows:
N RESERVED JING INK-THIS	In plain ter	yrs. mos. ds. or min.?  B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) ys. 2 mos. ds.
MARC WITH UNF	CAUSE OF DE	(State or country)  10 NAME OF FATHER  11 BIRTHPLAGE OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER	(Signed)
WRITE PLALLY	of OCCUP	13 BIRTHPLACE OF MOTHER (State of Country)  4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)	ients or Recent Residents)  At place of deathyrsmosds
N. BEv	2 ts 1	Filed 5 / 30 1921 71 W Registrar  If more bianks are needed, address that Registrar	TO W. Saratoga St., Balty, Requesting W. S. La. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully em-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement (a) nner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on Compositor, Architect, For persons who have no occupation Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

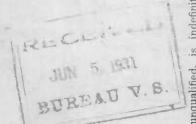
> "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. " Uraemia, "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentclanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Chronic interstitial nephritis, Whooping approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis Examples: Accidental drowning; Struck by railway train-American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; " "Weakness," etc., when a definite disease Chronic valvular heart disease; etc. The contributory

Exact	PLACE OF DEATH County Talbal	STATE OF MARYLAND CERTIFICATE OF DEATH
ated EXACTLY openly classified certificate.	Village or City/Ilaman No. 12 6 6	St.: Ward)  St.: Ward)  St.: Ward)  Office the occurred in a hospital or institution, give its NAME instead of street and number.)
T tated roper	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
NG Le st ok of	3 SEX 4 COLOR OR RACE SINGLE, MARRIEO, MIDOWED. WIOWED, OR OIVORCED (Write the word) MARRIED.	16 OATE OF DEATH  (Month) (Day) (Year)
PER PER thou	6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from  192 1 to way / 4 , 192 / that I last saw h 2 alive on 2004
IS IS led. A les so the struction	7 AGE  85 yrs. 8 mos. 3 ds. or min.?	and that death occurred on the date stated above, at 10 A m.
SERVE NKT iy suppliain ter	8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Bronelso Premora
RES I de l'in pli in pli tant	business, or establishment in which employed or (employer)	(Duration) yrs. mos & ds.
NFADING NFADING A be caref DEATH in	9 BIRTHPLACE (State or country) Talkot 6	Contributory Secondary  (Durstion),
MAR H UN hould of D	10 NAME OF FATHER HEMY KINDER	(Signed) M. D. May 15 1901 (Address) tilglimas, mp
TION STON	OF FATHER (State or country) Memany 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
Y H OC	of Mother State Of May live	ID-LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
f inford etate	OF MOTHER (State or country) Talbat	At place of death yrs mos. ds. In the State yrs mos da.
FTE Plem of should of of	14 THE ABOVE TO TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of desih?  Former or usual residence
WR	(Informant) Tom an A Solution (Address) Telghaman many	Telaman wand May 17, 193
S. No. 1 BEv	15 Filed 3/17/392 2 Registrar	o undertaker Marrhare & Michael
, x	If more branks are needed, address State Registrat	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) (a) Foreman, (b) Automobile factory. The material Never return "Laborer," "Foreman," "Manager," "Dealwithout more precise specification as Day Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a work, or At Home, and children, not gainfully emor given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from cupation is very important, so that the relative healththe first line will be sufficient, e. g., Farmer or Planter, Locomolive engineer, Civil engineer, Stationary freman, etc. But in many cases, especially in industrial employments, it is neces-Grocery; worked on may form part of the second statement. ployed, as At school, or At home. Care should be taken to report specifically the occupations of persons en-If the occupation has been changed For many occupations a single word or term on definite salary, may be entered as Housewife, Housegaged in domestic service for wages, as Servant, Cook, business, that fact may be indicated thus; Furmer (re-For persons who have no occupation Statement of Occupation -Precise statement of oc-The ques-Spinner, (b) Cotton mill; (a) Salesman. (b) fulness of various pursuits can be known. Physician, Compositor, Architect, whatever, write None. Housemaid, etc. sary to know yr8). er," etc. laborer,

Statement of Cause of Death—Name, fust, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal maningiss"); Dentheria avoid use of "Croup"); Typhoid fever never report "Typhoid Pheumonia"); Lobar, pneumonia, Brond ten, "Typhoid Pheumonia");



inges, peritonceum, etc., Carcinoma, Sarcona, etc., of use of "Tumor" for malignant neoplasms); Mewsles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory "Uraemia," "Weakness," etc., when a definite disease Always qualify all diseases resulting from childbirth or miscarriage as or as probably such, if impossible to determine definitely. carbolic acid-probably sweide. The n.ture of the injury, unqualified, is indefinite); Tuberculosis of lungs, men-.. (name origin; "Caneer" is less definite; avoid or intercurrent) affection need not be death), 29 ds.; Bronchopneumonia (secondary), Never report mere symptoms or terminal condi-"Atrophy," "Collapse," "Coma," "Convulsions," "Inanition," "Marasmus," "Old Age," "Shock," State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY accident; Revolver wound of head-homicide; Poisoned by as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of 'contributory." death tions, such as "Asthenia," "Anaemia" (merely symptomand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "Debility" ("Congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," Examples: Accidental drowning; Struck by railway train-"PUERPERAL septicuemia," "PUERPERAL peritonitis," (Recommendations on statement of cause of by Committee on Nomenclature stated unless important. Example: Measles can be ascertained as the cause. American Medical Association.) (secondar/ approved causing

Exact

06144

If more bianks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No. 293

St.: Ward)

(if death occurred in a hospital or institution, give its NAME irstead of street and number.)

**************************************	***************************************
MEDICAL CERTIFIC	ATE OF DEATH
	17-, 1923/
	stated above, at 100 m,
Contributory Secondary  (Duretion  (Duretion	in Profi
*State the Disease Causing Violent Causes, state (1) Means Accidental, Suicidal or Homicidal.	Death, or, in deaths from of Injury and (2) Whether
18 LENGTH OF RESIDENCE (For ients or Recent Residents)  At place of death	In the State yrs ds.
19 PLACE OF BURIAL OR REMOVAL	37/2
Caston Mid	APPRESS

7. S. No.

(Approved by U. S. Census and American Public Health Association.)

laborer, sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a er," etc., without more precise specification as Day For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-Compositor, Architect, Locomotive engineer, For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

carbolic acid—probably suicide. The nature of the injury, telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; approved (Recommendations on statement of cause of death or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underunqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature of the

Exact

	PLACE	OF DEA	1 4			
	County	fall	rot			
Vil	lage or City	Easl	on	(No	ann and district	Em
	2FUI	L NAME_	al	adya	Hs	ath
-	PERSON	AL AND	-4	CAL PAR		
3 5	emala	4 COLOR	OR RACE	5 SINGLE, MARRIED WIDOWE OR DIVO (Write the	D.	ngle
6 1	DATE OF BIR	гн				
	111	*************	(Moth)	(Da		19/6 (Year)
7 /	GE	1 5 yrs	. 8	nos. 1 9	1	LESS than day hrs.
() p	a) Trade, pro articular kind b) General na usiness, or es which employe	fession or l of work_ ture of ind tablishment	lustry			200 k
-	STRTHPLACE (State or cou	nter		u la	· ·	K
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STATE OF MARYLAND

CERTIFICATE OF DEATH

Registration Dist. No. 290

(If death occurred in a hospital or institu-tion, give its NAME is-stead of street and number.)

MEDICA	AL CERTIFICATE	OF DEATH	
16 DATE OF DEATH	may	30	19331
***************************************	(Month)	(Day)	(Year)
	CERTIFY, That I a		3.01., 192.3
that i last saw h		. < 1	, 192.3.
and that death occurr		1	
	overy &	7	isim
10	rean Rel	resy	
	(Durstion)	yrs.:	mosds.
Contributory Secondary	ම්ම්ප්මර්ථා ගැනීම් වර්ගතය ඉදා අද අ <sub>දිතු</sub> අ ස <mark>ම අප 4 රාගම රාගමය අප</mark> 4 අ	9 8 de 2 4 0 a a mass 8 d a mass a mass a a 10 a a a a a a a a a a a a a a a a	
(Signed) 192	(Address) Go	Llou	mos de.
*State the Dir Violent Causes, sta Accidental, Suicidal o	sease Causing Death te (1) Means of T Homicidal.	h, or, in de Injury and (2	aths from ) Whether
18 LENGTH OF RES	idents)		tions, Trans-
At place of deathyrsmo	os. ds. \ In the	ateyra	mosds.
Where was disesse contra if not at place of death	acted,	bedard	<u> </u>
Former or usual residence	Irosonvil	la, ms	
19 PLACE OF BURIAL	OR REMOVAL	DATE OF	BURIAL
	.00	neue/	1,3

(Approved by U. S. Census and American Public Health Association.)

er," etc., William .... Laborer-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a nature of the business or industry, and therefore an Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, or given up on account of the DISEASE CAUSING DEATH, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. For many occupations a single word or term on without more precise specification as Day who are engaged in the duties of the -Coal minc, etc. Wom-Locomotive engineer, not gainfully em-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphyheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

permanently filed.

data is essential and must be obtained before the certificate is

telanus) may be stated under the head of "contributory." If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Thanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is loss definite; avoid use of "Tumor" for malignant neoplasms); Measles; "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Whooping (Recommendations on statement of cause of death Never report mere symptoms or terminal condi cough; Chronic valvular heart disease; etc. The contributory

V. S. No. 1

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	Ve	A	tat
	LLI	CIANS should state CAUSE OF DEATH in plain terms so that it may be properly class	statement of OCCUPATION is very important. See instructions on back of certificate.
	BEvery Item of information should be carefully supplied. ACE should be stated EXACT		

1PLACE OF DEATH	STATE OF MARYLAND
County Tullet	(3) CERTIFICATE OF DEATH
	Registration Dist. No. 290
Village or City Parton (No. Pro	(If death occurred in a hospital or institution, give its NAME i) stead of street and
2FULL NAME Vaubou Ku	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ferral Black (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(May 17, 193/ (Month) (Day) (Year)	that I last saw h stroom , 192
7 AGE    If LESS than   I day hrs.   ds.   or min.	and that death occurred on the date stated above, at
a occupation (a) Trade, profession or particular kind of work	Crotructed Later
(b) General nature of industry	nestforition
business, or establishment in which employed or (employer)	(Duration) yrs. tags. ds.
9 BIRTHPLACE (State or country) May au	Contributory Secondary  (Duration)  yrs. mos. ds.
10 NAME OF SUARY HILLS	(Signed) Tuttaline MD
OF FATHER  (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Mary Jurgui	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER (State or Country)  Musuland	ients or Recent Residents)  At place In the of deathyrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) I sual Duice	Former or usual residence
(Address) Calley MA	Easlow Wed 5/18, 193
Filed 5/18 1981 7 5/1 Megistrar	To UNDERPAKER COLUMN Partou Med
If more blanks are needed, address State Registrer	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House-work, or At Home, and children, not gainfully emer," etc., without more present abover, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, nner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on Locomotive engineer, not gainfully em-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all American Medical Association.) approved by Committee on Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease; etc. The Nomenclature of the contributory

V. S. No. 1

(	NT CORI	stated EXAC properly class of certificate.
BINDING	PERMA	E should be at it may be ns on back
MARGIN RESERVED FOR BINDING	WRITE PLACE ITH UNFADING INKTHIS IS A PERMANT CORE	N. B.—Every item of information should be carefully supplied. ACE should be stated EXACT CIANS should state CAUSE OF DEATH in plain terms so that it may be properly class statement of OCCUPATION is very important. See instructions on back of certificate.
		ż

PLACE OF DEATH	STATE OF MARYLAND
County Calbot	© CERTIFICATE OF DEATH
Will Co. Footon on France	Registration Dist. No. 290
Village or City Easlon (No. Emerger	Ward) (If death occurred In a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Male Black (Widowed)	Month) (Day) (Year)
6 DATE OF BIRTH	17 1 HEREBY CERTIFY, That 1 attended the deceased from
Month) (Day), 1931 (Year)	that I last saw halive on, 192,
7 AGE [If LESS than	and that death occurred on the date stated above, at
I dayhrs. yrsmosds. ormin.?	The CAUSE OF DEATH The Sale will was
a occupation (a) Trade, profession or	
particular kind of work	***************************************
business, or establishment in which employed or (employer)	(Duration)yrs,ds,
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER COLOR TALLES	(Signed) (Dystion) yrs mos de.
M II BIRTHPLACE	J/V 192/ (Address) OFFW
(State or country) Mary Cand.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER auletta + hankford	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or Country)  (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of dea.h?
(Informant) Weletta T. Warsey	Former or usual residence.
(Address) Mc Waniel Md	SAST, 1931
15 Filed 5/26 1981 P. 4 Messala Registrar	MOL DE LO NOSHITH ON ONCE
If more blanks are needed, address tate Registrar	, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Foreman, For many occupations a single word or term on (b) Automobile factory. The material Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISABLE CAUSING DEATH (the primary affection with respect to time and causation), using always the same acceptated term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Whooping cough; Chronic Chronic interstitial nephritis, ..... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease American Medical Association.) Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; and consequences (e. g., sepsis, etc. The contributory

ite i	STATE OF MARYLAND—	CERTIFICATE OF DEATH
A H H	1. PLACE OF DEATH	(181)
Dog Pool	County Talfat	Registration Dist. No. 277
should or OCC	Village or City Wiltman	NoSt.,Ward
= /0		death occurred in a hospital or institution, give its NAME instead of street and number)
Every SIANS ement	24 - 11.	ds. How long in U.S. If of foreign birth? mos ds.
CI CI	2. FULL NAME/PLANA U MYMSON,	
CORD. Every PHYSICIANS oct statement	(a) Residence: No. William (Usual place of abode)	St., Ward.  If nonresident give city or town and State
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ex .	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
The North	Manuel Maried	Month) ( Day) (Year)
ING NEN CTL iffed.	5a. If married, widowed, or divorced HUSBAND of	
NDING X A CT   classified	(or) WIFE of Pober & yndan	22. I HEREBY CERTIFY. That I attended deceased from
- MAG	6. DATE OF BIRTH (month, day, and year)	i last saw have alive on Jacque ( 4 197 / : death is said
H 7 8	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
FOR IS A stated proper	To star une 6 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
E sta	8 Trade protession or particular	were as follows: Date of onset
HIS he be be of	Kind of work done, as SPINNER, Hamburg.	artino Eclusia Cardio Gat
RVE ould may	9. Industry or business in which	7000-8
NK-T should it may n back	work was done, as SILK MILL, SAW MILL, BANK, etc	
E H F O	O 10. Date deceased last worked at this occupation (month and spent in this	
ARGIN RES NFADING I pplied. AGE erms, so that instructions o	year) occupation	Other Contributory Causes of Importance:
	12. BIRTHPLACE (city or town) albut to	Tompto Tramery
MARGIN UNFADI supplied. n terms, so	(State or country)	Fillurary Edenie 3hy
	II 13. NAME Y havia a Ayma	
MAH UH U	14. BIRTHPLACE (city or town) Talbox &	Name of operation
1 1 1	(charte of county)	What test confirmed diagnosis?
INLY, Whe careful EATH in primportant.	15. MAIDEN NAME # Freeman	23. If death was due to external causes (VIDL ENCE) fill In also the following:
Car Car	16. BIRTHPLACE (city er town) Talbat & o	Accident, suicide, or homicide? Date of Injury, 19
LAINLY, ld he cal DEATH y import	(diate of county)	Where did injury occur? (Specify city or town, county and State)
PLAI ould )F DE	17. INFORMANT Carrie D. Hyman	Specify whether injury occurred In INOUSTRY, in HOME, or in PUBLIC PLACE.
FLA Should OF D	(Address) With which and	
F-7 .07	Place Utilina Date May 28, 1931	Manner of injury
-WRITE mation s CAUSE TION is		Nature of injury
T E O H	19. UNDERTAKER AN. Manhaul	24. Was disease or injury In any way related to occupation of deceased?
B.	2 15 . 4 10 +	If so, specify  (Signed)  (Signed)  (Signed)
oi z	20, FILED May 12, 1930 Mrs. Vi don & Polen	(Address) Wally
	Duply Registrat.	" (Variezz)

If more blanks are needed, andress State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis (66)	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
1861				
Other centributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	year	
		4/6	a	
		137		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN CORRECT ION OF AGE and addition of date of birth authorized by

letter filed June 3, 1931, under Dr. Louis H. Seth.



If more branks are needed, address State Registrar, 16 W. Saratoga St., Belto., Requesting V. S. No. 1.

EXACTLY IS Classified be may be n back RESERVE piai UNFADIN MARGIN EA. OO state CCUP/

PLACE OF DEATH Village or City PERSONAL AND STATISTICAL 4 COLOR OR RACE 5 SINGLE. 3 SEX WIDOWED OR DIVORCED Write the word) 6 DATE OF BIRTH (Day) If LESS than 7 AGE I day hrs. min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAM 13 BIRTHPLACE OF MOTHER (State or country (Informant)

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in Ward)

a hospital or institution, give its NAME is stead of street and number.)

#### MEDICAL CERTIFICATE OF DEATH (Month) (Day) I HEREBY CERTIFY, That I attended the deceased from and that death occurred on the date stated above, at .... The CAUSE OF DEATH \* was as follows: Secondary & (Signed) (Address) Disease Causing Death, or, In deaths from causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place Where was disease contracted, if not at place of death?... Former or BURIAL OR REMOVAL

CIANS should statement of OC

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(Approved by U. S. Census and American Public Health Association.)

er," etc., www....laborer, Farm laborer, tired 6 yrs). state occupation at beginning of illness. If retired from whatever, write None. gaged in domestic service for wages, as Servant, Cook, Housemoid, etc. If the occupation has been changed Spinner, (b) business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc Foreman, For many occupations a single word or term on or At Home, without more precise specification as Day compositor, Architect, Locomotive engineer, reer, Stationary fireman, etc. But in many For persons who have no occupation Cotton mill; (a) Salesman, (b) (b) Automobile factory. The material and children, Laborer-Coul mine, etc. not gainfully em-Grocery, Wom-

Statement of Cause of Death—Name, first, the DISLEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebross; inal meningitis"); Divhheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Recommendations on statement of cause of American Medical Association.) tetanus) may be stated under the head of "contributory." approved by carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was understated unless important can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Exhaustion, "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), (secondary or intercurrent) affection need Whooping use of "Tumor" for malignant neoplasms); Measles; ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, illity" ("Congenital," "Senile," etc.), "Dropsy, haustion," "Heart failure," "Haemorrhage," peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condicough; Committee on Nomenclature 29 ds.; L. Chronic Example: Measles (disease chopneumonia (secondary), etc. The contributory valvular heart Always qualify all disease; not be

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PLACE OF DEATH	STATE OF MARYLAND
County Jalley C	CERTIFICATE OF DEATH
8	Registration Dist. No. 290
Village or City Carlon (No	St.: Ward) (If death occurred ling hospitul or institution, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Golored SSINGLE, MARRIED, Married WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH MAN 2 / 1923/ (Month) (Day) (Year)
8 DATE OF BIRTH  Sep 25  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 . to
7 AGE   If LESS tha	n and that death occurred on the date stated above, at
100 7 1 dayhr	The CAUSE OF DEATH * was as follows:
g occupation	?
(a) Trade, profession or	ment of traballant
(b) General nature of industry	· Mahala in the state of the st
business, or establishment in	(Duration) yrs mos ds
which employed or (employer)	
9 BIRTHPLACE (State or country)	Contributory Secondary  (Duration) yrs mos de
10 NAME OF FATHER Advance holomore)	(Signed) James Of Bennett M. D.
II BIRTHPLACE	192 (Address)
OF FATHER  Z  (State or country)  12 MAIDEN NAME	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Martha Forter	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country) Constant (0)	of death yrs de, State yrs de,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Restlia Lolenson	Former or usual residence
(Address) Entry Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed 5/23 1981 M. R. Melius	20 UNDERTAKER ADDRESS
Registrar	James W. Spine Condon Ille
If more blanks are needed, address Ltate Registra	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

17 4 T 13

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occupation er," etc., without more record mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomolive engineer, whatever, write None. or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Foreman, For many occupations a especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, For persons who have no occupation (b) Automobile factory. The material single word or term on 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept—led term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, "Atrophy," "Collapse," "Coma, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY "" "Weakness," etc., when a definite disease cough; Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart disease; " "Convulsions, Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

5

1931

V. S. No. 1

)	PHYSI-
NT ECORD	e stated EXACTLY e properly classifie of certificate.
WRITE PLANLY VITH UNFADING INKTHIS IS A PERMANT ECORD	N. BEvery item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
7	N. B

PLACE OF DEATH	9619	STATE OF	MARYLAND
County Tall T		CERTIFICATE	OF DEATH
c —	82-2	Registration	Dist. No. 290
Village or City Gaslov (No		St.: Ward	) a hospital or institu
2 FULL NAME & alongo Lan	mar		tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDI	CAL CERTIFICATE	OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	***************************************	May / (Month)	(Day) (Year)
S DATE OF BIRTH Soft 27 1457	may 10		tended the deceased from
(Month) (Day) (Year)  7 AGE    If LESS than   I day   hrs.   ds.   or   min.?	and that death occ	curred on the date states	1. 10
(a) Trade, profession or Return Sailor	leerel	rul apop	4
(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  Manyland	Contributory Secondary	(Duretion)	
10 NAME OF PATHER James Lamore	(Signed)	(Durstion)	levery M. D.
OF FATHER (State or country) Maryland	State the Violent Causes, Accidental, Suicide	Disease Causing Death state (1) Means of I al or Homicidal.	or, in deaths from njury and (2) Whether
of MOTHER LUCKEROUSE	18 LENGTH OF F		itals, Institutions, Trans
13 BIRTHPLACE OF MOTHER	At place of deathyrs	In the	e uteds
(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse co		
14 THE ABOVE IS TRUE TO THE BEST OF MI KNOWLEDGE	Former or usual residence		***************************************
(Informant) waran Larmote	19 PLACE OF BUR		DATE OF BURIAL
(Address) Carlon Md	Coaston	· Mid	May 13 1931
15 Filed 5 / 13 1931 1 1 1 1 1 Registrar	Jumes /	2 8 kence	Easton Md
If more bianks are needed, addre.s State Registra	ar 16 W. Saratoga St	., Balto., Requesting V.	S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs. For persons who have no occupation state occupation at beginning of illness. If retired from definite salary, may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (Fee gaged in domestic service for wages, as Scream, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a er," etc., without more piccare -cal mine, etc. Wom-laborer, Farm laborer, Laborer—Cal mine, etc. Womnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, For many occupations a single word or term on (b) Automobile factory. The material (a) the kind of work and also (b) the Locomotive engineer,

Statement of Cause of Death—Name, first, the Disease Coursing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospiral fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

data is essential and must be obtained before the certificate is

answered in detail, it will prevent further correspondence.

permanently filed.

telanus) may be stated under the head of "contributory." (Recommendations on statement of cause of American Medical Association.) approved as fracture of skull, and eonsequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as ean be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, atie), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentaken. For violent deaths state means of injuly Chronic interstitial nephritis, Whooping (secondary It this certificate is looked over thoroughly and all qu stions peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi by Committee on Nomenclature cough; Chronic or intercurrent) affection need " " Old Age, valvular heart disease; etc. The contributory " Shock," "Dropsy, not be

PLACE OF DEATH	STATE OF MARYLAND
County Allo	② CERTIFICATE OF DEATH
5 A	Registration Dist. No. 290
Village or City (Nolume 1)	Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
POLL NAME TOLLING	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH
8 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
May 20 ,931	
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE     If LESS than	and that death occurred on the date stated above, at
l dayhrs.	The CAUSE OF DEATH * was as follows:
yrsds. ormin.?	the alles labor
(a) Trade, profession or	Melapentie
particular kind of work (b) General nature of industry	
business, or establishment in	(Durstion) yrs mos ds.
which employed or (employer)	Contributory
(State or country) Way land	Secondary Burstiget Lyo mos ds.
10 NAME OF Clas. Edward Laure	(Signed) M. D.
OF FATHER OAA	(Address)
C State or country)  12 MAIDEN NAME 9 1 4 2	*State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Cital Trene derby	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
CA 9 N	Former or usual residence
(Informant) Uff Lacue January	9 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Church Hill Will:	Incinerated 5720/ 103/
Filed 5/20 1981 MSt - Merry Registrar	Emergency Hoysital, Caston
If more bianks are needed, address State Registra	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. Md

116152

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of occupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day specifically the occupations of persons en-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi causing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions," "" "Weakness," etc., when a definite disease cough; Chronic etc. The contributory valvular Nomenclature of the heart disease; not be

	PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
	C	Registration Dist. No. 290
Vil	lage or City Cashin (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
	2FULL NAME WELF COULONS	Marlie (Sell vorn number.)
10	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	Male White Single, Surger Married, Widowed.  OR DIVORCED (Write the word)	16 DATE OF DEATH May 2 , 1937
В	ATE OF BIRTH	17 . I HEREBY CERTIFY, That I attended the deceased from
	(Month) (Day) (Year)	that I last saw h Lie alive on , 1927.
7 A	yrs, mos, ds. or o min.?	
E (	a) Trade, profession or articular kind of work	Grewaterety-
3 (I	b) General nature of industry usiness, or establishment in rhich employed or (employer)	(Duration)yrsmosds.
9 E	SIRTHPLACE (State or country)  Md 4	Contributory Secondary  (Durstion)
	10 NAME OF Edward J. Martin	(Signed) M. D. May 1927) (Address) Europy
NTS	OF FATHER (State or country)	*State the ilisease Causing Death, or, in deaths from Violegt Causes, state (1) Mesns of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PARE	12 MAIDEN NAME Vivian L. Holfe	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country)	At place of death
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	(Informant) Edward Martin	Former or usual residence DATE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) Easta	36 Buy 21 - May 2, 1539
15	Filed 5 / a 1923/ 7- He Meristra	20 UNDERTAKER ADDRESS EASTAN

If more banks are needed, addre.s State Registrar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

N. B

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material especially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as For persons who have no occupation (a) the kind of work and also (b) the Salcsman. 6

EASE (CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasumo,
"Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. Then: ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJUNY cough; Chronic affection need not be etc. The contributory valvular heart Nomenclature disease;

If this certificate is looked over thoroughly and a l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	PLACE OF DEATH	06154 STATE OF MARYLAND
1	County Alba	CERTIFICATE OF DEATH
	5. 80-	Registration Dist. No. 290
0.00	Village or City Mean String String	St.: Ward) (If death occurred in a hospital or institu-
tificate	2 FULL NAME FORMER M. M	tion, give its NAME in- stead of street and number.)
Cer	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ack of	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Marned WIDOWED. OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH 7/184 / 8 , 193/
9	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
18 01	My 13, 1890	april 16 1930 to May 18, 1931,
tion	(Month) (Day) (Year)	that I last saw her alive on Many, 1921,
ruo On	7 AGE If LESS than I day hrs.	and that death occurred on the date stated above, atm,
nst	yrs. mos. ds. or min.	The CAUSE OF DEATH * was as follows:
Seei	8 OCCUPATION (a) Trade, profession or particular kind of work	The state of the s
	(b) General nature of industry	
tar	business, or establishment in which employed or (employer)	(Duration) / yrs ds.
mpoi	9 BIRTHPLACE (State or country)	Contributory Secondary
ry	10 NAME OF	(Duration) yrs mos ds.
s ve	FATHER Dierry	(Signed) M. D. May (9 1931 (Address) Cashou Med
Z	OF FATHER	
0	Z (State or County) Personal Value of 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PAT	of MOTHER Lewis loaner	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER	ients or Recent Residents) At place In the
occn	(State or Country)	of deathyrsds. Stateyrsmosds.
of	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
ent	(Informant) Of The nearly	Former or usual residence
statement	(Address) Esstore Incl.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
et	15 Filed 5/19 1981 MAL MOLATIC	20 UNDERTAKER ADDRESS
	Registrar	amos Dence Caston Ind
	If more banks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is necestired 6 yrs). or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enwhatever, write None. business, that fact may be indicated thus; Farmer (renner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." Recommendations on statement of cause of death inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart Imme, "Old Age," "Shock," "Old Age," "Annition," "Marasmus," "Old Age," "Annite disease stated unless important. Example: Measles (disease American Medical Association.) carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by taken. FOR VIOLENT DEATHS state MEANS OF INJURY Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart etc. The contributory Nomenclature of the not be

All this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	STATE OF MARYLAND
County Tallet	CERTIFICATE OF DEATH
	(72-a) Registration Dist. No. 290
Village or City Easter (No. Esse	Ward)  (If death occurred in a hospitul or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White (Write the word)	16 DATE OF DEATH 91 22 , 1923   Quenth) (Day) (Year)
6 DATE OF BIRTH  April 8- 1893	17 I HEREBY CERTIFY, That I attended the deceased from
7 AGE (Month) (Day) (Year)	that I last saw h Ma alive on Mc Cray 22, 1923
36 yrs. 1 mos. 14ds. or min.	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or Horsewife  particular kind of work	Vurpura Newstragecq
(b) General nature of industry business, or establishment in	(Duration) yrs mos C ds.
which employed or (employer)	Contributory queflatto Culkeria
10 NAME OF FATHER LED E. Bogswell	(Signed) A Land M. D.  192 (Address) Cattain M. D.
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Gertrude Braniels  13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or Country)  Maule	At place of death
(Informant) All M. Meslett	where was disease contracted, if not at place of dea.h?
(Address) Poyal Oak Mil.	Washington Messorial Boufflay 28, 1931
Filed 5/Q 4 1927 M. M. TRINGS. Registrar	Lower Hystroille un Autress
If more blanks are needed, address tate Register	v, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

118158

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwork, or At Home, and children, not gainfully emshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material 6 Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Chronic interstitial nephritis, approved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease; etc. The contributory Nomenclature of the

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V. S. No. 1

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/	LY, F	lfled.	
	BEvery Item of Information should be carefully supplied. ACE should be stated EXACTLY, PH	CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. E	cate.
	ated E	operly	statement of OCCUPATION is very important. See instructions on back of certificate.
	3 Sti	br.	of
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	1PLACE OF DEATH	U615h
		STATE OF MARYLAND CERTIFICATE OF DEATH
	County CENIDO	Registration Dist. No. 290
Vi	2FULL NAME FETUS - Oman	.,
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	MARRIED, WIDOWED, OR DIVORCED	16 DATE OF DEATH / 264, 193/
6	DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
	May 2 193/	, 192, 192,
_	(Month) (Day) (Year)	that I last saw halive on, 192,
7	I dayhrs.	and that death occurred on the date stated above, at
-	OCCUPATION (a) Trade, profession or	Still hrn
M)	business, or establishment in	(Duration)yrsde.
9	BIRTHPLACE (State or country) Maryland	Contributory Secondary  Durstion  de, mos, de,
	10 NAME OF FATHER Warring Jannon	(Signed) (Address) Jack M. D.
RENTS	OF FATHER (State or country)  OF GATHER  (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PAR	of MOTHER Y Mildred Oman	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	ients or Recent Residents) At place of deathyrsmos,ds, Stateyrsmosds,
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of dea.h?
	(Informants) MIDLAGE CALL Harskital	Former or usual residence
	PERSONAL AND STATISTICAL PARTICULARS  SEX A COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the word)  DATE OF BIRTH  AGE  MONTH (Day)  MONTH (Day)  MONTH (Pear)  AGE  MINION (Day)  MONTH (Pear)  MONTH (Pear)	successful a forther 5/26, 1931
15	Filed 2 / 9 ( 1925 / W. / LULLA	E mergenera Horpital - Easton
=	If more bianks are needed, addre.a State Registrar	, 16 W. Saratoga St., Batto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification in laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Housewhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day 6 Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; "Heart failure," "Haemorrhage," Chronic valvular heart disease; etc. The contributory

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PLACE OF DEATH	1615 CTATE OF MARY AND
TI VIOL	STATE OF MARYLAND
County / WVV J	CERTIFICATE OF DEATH
6	Registration Dist. No. 291
Village or City Juliane (No.	St: Ward) (If death occurred in a hospital or institution, give Its NAME is stead of street and
2FULL NAME Suffers	aluev number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Dsy) (Year)
6 DATE OF BIRTH  (Month)  (Day)  (Year)	17 I HEREBY CERTIFY, That I attended the deceased from  193 to May 3 , 197  that I last saw Here alive on Cofer 2 , 197
yrs. mos. 25 ds. lf LESS than I day hrs. or min.?	and that death occurred on the date stated above, at 7.2 b m.m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in	(Duration) yrs mos de
9 BIRTHPLACE (State or country) Talk Fleo	Contributory Secondary (Duration)
10 NAME OF Euglie Palwer	(Signed) Frus H Sille. M. D. William his
OF FATHER (State or country)  (State or country)	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER MUNICIPAL COVERS	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER (State or Country)  Talbit lew	ients or Recent Residents)  At place In the of deathyrs
(Informant) English Palmer	if not at place of dea h?  Former or usual residence
(Address) Boynan	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  20 UNDERTAKER  ADDRESS
15 El Jan 2 1021 lohur HULlaced	20 UNDERTAKER

If more b.anks are needed, addre.s Ltate Negistrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to c.ch and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coul mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is neces-Compositor, Architect, For persons who have no occupation Locomolive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,")

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "("Inanition," "Heart failure, Haemorrage, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. (secondary Whooping cougn; chronic Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved as fracture of skull, American Medical Association.) "Atrophy," "Collapse, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY by Committee on Nomenclature of the or intercurrent) affection need not be Chronic and consequences (e. g., sepsis, Example: Measles (disease " "Coma," "Convulsions, valvular heart disease; etc. The contributory

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PLACE OF DEATH

	PLACE OF DEATH	STATE OF MARYLAND
	County Tallet	CERTIFICATE OF DEATH
		Registration Dist. No. 290
	Village or City Economy (No. (No. 250)	(If death occurred in a hospital or institu- tion, give its NAME in- stend of street end number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
o wo	Male White Single, Married, Newborn or Divorced (Write the word)	16 DATE OF DEATH 91 0 2 7 , 198 31 (Month) (Day) (Year)
2	6 DATE OF BIRTH  (Month) (Day) (Year)	17 Y CERTIFY, That I attended the deceased from 911 19131. to May 27 , 1923/ that I last saw 1714 alive on 91 27 , 1943.
	7 AGE    If LESS than   1 day 1 hrs.   or 1/8 min. ?	and that death occurred on the date stated above, at 5 40 Pm. The CAUSE OF DEATH * was as follows:
	(a) Trade, profession or particular kind of work.	Premature -
4	business, or establishment in which employed or (employer)	(Duration)yrs,mosds,
	9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yts. mos. ds.
	10 NAME OF FATHER Samuel Canal Price	(Signed) True College Mp.
	OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER Chile Later Butler	18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Transients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country) Many Cand	At plece of death
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	(Informant) Mrs. Lewis Buttle	19 RLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) Filed 5/28 1931 N.A. Mexico	20 UNDERTAKER ADDRESS  ADDRESS
		, 16 W. Saratoge St., Belto, Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwork, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a er," etc., without more precise specification as Luy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH , , Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken Foreman, (b) Automobile factory. The material For many occupations a single word or term on Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al "Inanition," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," Chronic interstitial nephritis, Whooping cough; approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) Recommendations on statement of cause of death Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

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(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of (a) the kind of work and also (b) the additional line is provided for the latter statement; it Spinner, (b) Catton mill; (a) . Salesmon. (b) Gracery; (b) Automobile factory. The material Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day Farm laborer. Laborer-Coal mine, etc. Womwho are engaged in the duties of the household only not paid Housekeepers who receive a definite salary, may be entered as Housewife, Houseto report specifically the occupations of persons encupation is yery important, so that the relative healththe first line will be sufficient, e. g., Farmer or Planter, cases, especially in industrial employments, it is necesnature of the business or industry, and therefore an worked on may form part of the second statement. work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken state occupation at beginning of illness. If retired from For persons who have no occupation For many occupations a single word or term on Locomotive ougineer, Stationary freman, etc. But in many should be used only when needed. As examples: (a) or given up on account of the DISEASE CAUSING DEATH, business, that fact may be indicated thus; Former (re-Statement of Occupation - Precise statement of oc-The quesgaged in doniestic service for wages, as Servant, Cook, If the occupation has been changed fulness of various pursuits can be known. Physician, Compositor, Architect, whatever. write None. Houseniaid, etc. sary to know (a) Foreman, Civil engineer, en at home, Hrs . !aborer, tired 6

Statement of Cause of Death—Name, first, the Dis-Bask Causing death of the primary affection with respect to time and causation), using always the same accepted term for the same dise. So. Examples: Cerebrospinal ferer (the only definite synonym is "Epidemic cerebrospinal meningits"; Dimhheria avoid use of "Croup"); Typhoid fever never report "Typhoid Pheumonia"); Lobar pneumonia, Brone send ""("Pheumonia");

use of "Tumor" for malignant neoplasms); Measles; "Uraemia," "Weakness," etc., when a definite disease Always qualify all diseases resulting from childbirth or miscarriage as or as probably such, if impossible to determine definitely. unqualified, is indefinite;; Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of .. name origin; "Cancer" is less definite; avoid Whooping cough; Chronic valendar heart disease; Chronic interstitial nephritis, etc. The contributory (secondar, or intercurrent) affection need not be death), 29 ds.; Bronchopneumonia (secondary), Never report mere symptoms or terminal conditaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probubly smeide. The n.ture of the injury, (Recommendations on statement of cause of death tions, such as "Asthenia," "Anaemia" (merely symptom-State cause for which surgical operation was underas fracture of skull, and consequences (e. g., sepsis, " "Marasmus," "Old Age," "Shock," tetanus) may be stated under the head of "contributory." "Atrophy," "Collapse," "Coma," "Convulsions. "Debility" ("Congenital," "Senile," etc.), "Dropsy," Examples: Accidental drowning; Struck by railway train-"PUERPERAL septicaemia," "PUERPERAL peritonitis, approved by Committee on Nomenclature stated unless important. Example: Measles can be ascertained as the cause. American Medical Association.) "Inanition, causing

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Exact

WIDOWED. OR DIVORCED (Write the word)  6 DATE OF BIRTH  (Month) (Day) (Year)  7 AGE  (Month) (Day) (Year)  1846  (Month) (Day) (Year)  1848  (Month) (Day) (Year)  1848  (Year)  7 AGE  If LESS than I day hrs. or min.?  8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	06160
	(3)
2FULL NAME Teter ) July	rto
PERSONAL AND STATISTICAL PARTICULARS	MEDIC
MARRIED, Married WIDOWED.	16 DATE OF DEATH
luctures 1846	Sept 14 that I last saw h
85 yrsds.   dayhrs. ormin.?	and that death occur. The CAUSE OF DEAT
(b) General nature of industry	Contributory &
10 NAME OF FATHER OF FATHER OF FATHER	(Signed)
OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER  LUCK LINGUAN	Violent Causes, str Accidental, Suicidal of 18 LENGTH OF RES
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsm Where was disease contr
(Informant)	if not at place of dead Former or ususl residence
(Address) Eastone Mid	19 PLACE OF BURIAL
15 Filed 5/30 1981 / D. Messus	20 UNDERTAKER

STATE OF MARYLAND

CERTIFICATE OF DEATH

Registration Dist. No. (If death occurred in Ward) a hospital or institu-tion, give its NAME li-stend of street and number.)

AL CERTIFICATE OF DEATH .....(Day) (Year) CERTIFY, That I attended the deceased (Durstion)

SIDENCE (For Hospitals, Institutions, Trensidents)

Causing Death, or, in

of Injury

and (2)

(Address)

r Homicidal.

te (1) Means

In the os.....ds. State\_\_\_\_\_yrs.\_\_\_mos... scted,

OR REMOVAL

deaths from

DATE OF BURIAL

Whether

If more branks are needed, addrese Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the DISPEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebral fever (the only definite synonym is "Epidemic cerebraspinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature American Medical Association.) "(Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "IIaemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicacmia," "PUERPERAL peritonitis, use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Chronic interstitial nephritis, ..... (name origin; "Cancer" is loss definite; avoid (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collabse," "Coma," "Convulsions," Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic valvular heart disease; Example: Measles (disease etc. The contributory Measles ; of the

answered in detail, it will prevent further correspondence. An the data is essential and must be obtained before the certificate is approximately fied.

PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

(Year)

If more blanks are needed, addres tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Ilf LESS the

I day hr

Registration Dist. No. 290

::Ward)	(If death a hospital tion, give i stead of number.)	or insti-	tu- lı-
*************************			

	Number:)
	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH
2.	May (Month) 29 (Day) / 9(ve3)
= "	17 1 HEREBY CARTIFY, That I attended the deceased from
	that I last saw h alive on 21, 1923
n	and that death occurred on the date stated above, at 344 km
3.	The CAUSE OF DEATH * was as follows:
-	0 // 1 0
	Mysphay
	a Rew Mysis
	Contributory My Occasion
	Secondary 1.
	(Signed) & Amana Menual 3-4 M. D.
-	May 30 1991 (Address) Casto my
	*State the Piscase Causing Death, or, in deaths from Vlolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	ients or Recent Residents) At place In the
	At place in the of deathyrsmosds. Stateyrsmosds.
	Where was disease contracted, if not at place of deah?
	Former or usual residence
•	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
9	anding Tuck 01/3/, 19
7	20 UNDERTAKER ADDRESS
3	Tener Of Spence Faston Ma

(Approved hy U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may he entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealto report or At Home, and children, not gainfully em-For many occupations a specifically the occupations of persons en-Compositor, Architect, Locomotive engineer, For persons who have no occupation single word or term on

Statement of Cause of Death—Name, first, the DIS-I EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "Enhaustion," "Heart failure, Haemorinage, "Shock," "Shock," "Dehility" ("Congenital," "Senile," etc.), "Dropsy," "Enhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature telanus) may he stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (secondary or intercurrent) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJUNY cough; Chronic Example: Measles (disease valvular heart disease; affection need not be etc. The contributory Measles;

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5

stated EXACTLY. PHYSICIANS should state Exact statement of ACCUPA. RECORD. Every item of infor-WITH UNFADING INK-THIS IS A PERMANENT properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be B.—WRITE PLAINLY, V. S. No. 1 If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

	CERTIFICATE OF DEATH 06162
1. PLACE OF DEATH	\$2-0
County Vallot	Registration Dist. No. 291
Village or City Office (III	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 44 yrs mos	ds. How long in U.S. if of foraign birth?yrsmos,ds.
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Market	21. DATE OF DEATH  May 16 4 (Year)  (Monthly (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (ex) WIFE et  6. DATE OF BIRTH (month, day, and year)  Fully 17-1854	22. HEREBY CERTIFY. That I attended deceased from 1926, to 1931 dath is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, et. 1.2 m.  The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
8. Frada, profassion, or particular kind of work done, as SPINNER, Referred to the SAWYER, BOOKKEEPER, atc.  9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date daceased last worked et this occupation (month and 1926)  11. Total time (years) 3.8	Cenebral Cemorloge 3rd_ may 14-31
1D. Date daceased last worked at this occupation (month and year) 1926. 11, Total time (years) 38	Other Contributory Causes of importance;
12. BIRTHPLACE (city or town) Tallerson N.S.  (State or country)	leveral heunitoge arter selein hor 1926
13. NAME Seval A Schroeter	Enderleviles - renguent of fort " 1930
13. NAME Serge A Schroeler  14. BIRTHPLACE (city or town) Weltherlands (State or country)	Name ef oparation Date of
15. MAIDEN NAME MARAGE 7. Edward.	
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	23. If daath was due to axternal causes (VIDL ENCE) fill in also the following:  Accidant, suicida, or homicida?
17. INFORMANT Softers in Schröder	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL  Place Office Country Data Rug 187, 19.34	Manner of Injury
19. UNDERTAKER In & Shengam Theo (Addrass)	24. Was diseasa or Injury In any way raleted to occupation of deceesed?
20. FILED May 17, 1931 Joseph artors Registrar.	(Signed) Orella Good M. D.  (Address) Stappe Sud

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephralis A 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Cerebral hemorrhage	~		
Other centributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

	PLACE OF DEATH	STATE OF MARYLAND
	County Talles	CERTIFICATE OF DEATI
	P. + 0410 72	Registration Dist. No. 293
Vil	2FULL NAME aliner Spencer	St.: Ward)  (If death occur a hospitel or tien, give its N/ steed of street number.)
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 !	Male With Single, Widower OR DIVORCED (Write the word)	16 DATE OF DEATH 8 , 195
6 1	DATE OF BIRTH  Stewler 4, 1850  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the decease may 1931 to They I that I lost saw h low alive on may 7,
	If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at
(P	a) Trade, profession or sarticular kind of work sarticular kind of work solutions.	Flor Fortuning
P	ousiness, or establishment in which employed or (employer)	Contributory Culval Johnson
TS	10 NAME OF FATHER James Spencer	(Signed). State the Disease Causing Death, or, in deaths
PARENTS	(State or country)  12 MAIDEN NAME OF MOTHER  Amaa Kally	Violent Causes, state (1) Means of Injury and (2) Who Accidental, Sulcidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country) Understand	At place of death
14	(Informant) Mary & Spencer	Former or usual residence
15	Filed 5/11/3/192 L. Surshier	Easton Md May //
-	Registrar  If more blanks are needed, addrese State Registres	r, 16 W. Saratoga St., Balto. Requesting V. S. No. 1.

(If death occurred In a hospitel or institu-tion, give its NAME in-steed of street and number.)

MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH May	8 , 1934
(Month)	(Day)(Year)
May 2 1934 . to 17	standed the deserred for
that I lost saw h fav alive on 244	3 7 1931
and that death occurred on the date state.  The CAUSE OF DEATH * was as follows:	ted above, at 5 A
Len Toncuma	
**************************************	arraylaga.co.co.co.co.co.co.co.co.co.co.co.co.co.
(Duration)	yrsrnos/D
Contributory Cheleral Jole Secondery	runtys
(Durstion)	yrs mos Zd
(Signed) (97 aul [/lus	M. I
May 8 1931 (Address) 10	enton his
State the Disease Causing Deat Violent Causes, state (1) Means of Accidental, Sulcidal or Homicidal.	th, or, in deaths from Injury and (2) Whether
1B LENGTH OF RESIDENCE (For Hosients or Recent Residents)	pitals, Institutions, Trans
At place In to of deathyrsmosds.	he tateyrsmosd
Where was disease contracted, if not et place of death?	
Former or usual residence	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Carton Mid	May // 193/
20 UNDERTAKER	ADDRESS

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic cerebrospital fall meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death American Medical Association.) approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by taken. FOR VIOLENT DEATHS state MEANS OF INJURY "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid (secondary or intercurrent) affection need not be Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease etc. The contributory

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the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more present a mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Spinner, (b) Cotton mill; (a) Salesman, (b) nature of the business or industry, and therefore an Civil engineer, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-Foreman, (b) Automobile factory. The materia For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitial nephritis, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify al Whooping approved by Committee on telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely taken. For VIOLENT DEATHS state MEANS OF INJURY American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease; etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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	item	sho	) jo	
	(D. Every	<b>YSICIANS</b>	statement	
	KECO!	Y. PH	Exact	
MARGIN RESERVED FOR BINDING	E PLAINLY, WATH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
FOR B	IS A PE	stated E	properly	
3D	HIS	he	be	
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RES	ING ID	AGE	that	
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STATE OF	MARYL	AND-CERTIFICATE	OF	DEATH	0616.
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f info	1. PLACE OF DEATH	100000000000000000000000000000000000000
JOCC OCC	County Allor	Registration Dist. No. 279
iter sh of	Village or City Clawbine (If	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
NS NS	Length of residence in city or town where death occurredyrs,mos.	ds. How long In U.S. if of foreign birth?yrsmosds.
Eve CIAJ teme	2. FULL NAME Letus Lyler	
TD. Every FSICIANS statement	(a) Residence: No.	St., Ward.
	(Usya) place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
KECO PH Exact	37 SEX / 4. COLOR/OR RACE   5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
1	As & as Reserved (Main to OR DIVORCED (write the word)	(Mouth) (Day) (Year)
NEN CTL ifed.	5a. If married, wildowed, or divorced	
MANEN A C T L assified.	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from ON May 3/, 193/, to
C X K	May 31/921	I last saw h alive on
PE rly rate.	6. DATE OF BIRTH (month, day, and year) // COS Days If LESS than	to have occurred on the date stated above, atni.
IS A PE stated E properly certificate	Stillborn I I dayhrs.	The PRINCIPAL CAUSE OF DEATH and raiated causes of Importance
	_ 8. Trade, profession, or particular	no alterminate cause
he pe of	kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	except lindened of mother to
vK—T should it may n back	SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	- helmoukagt . y
INK.	10. Data deceased last worked at   11. Total time (years)	A
	this occupation (month and year) spent In this occupation	f
NFADING plied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) Claiboune	Other Contributory Causes of Importance:
AD ed. S, S, ruce	(Stata or country)	Juniture /
UNFA upplied terms, instri	14. BIRTHPLACE (city or town). Salvallo.	//
S E e	14. BIRTHPLACE (city or town) Jally 1/Co.	Name of operation Date of
	(State or country)	What test confirmed diagnosis? Was there an autopsy?
INLY, W. be careful EATH in primportant.	E 15. MAIDEN NAME Carrie (grynnings)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
can rH rH	16. BIRTHPLACE (city or town). Sallad Co.	Accident, sulcide, or homicide?
PLAINEY, hould be can OF DEATH very import	Elia A Tilli	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE,
S PLA Should OF D	17. INFORMANT GALLAGE AND MACHINE	Specify michief rajury occurred in modern, in monte, or in robelo reace.
	18. BURIAL, CREMATION, OF REMOVAL	Manner of Injury
The last of the la	Place Parker VIA gate 1 149 31, 1931	Nature of injury
-WRI mation CAUS FION	19. UNDERTAKER Jours A. Beth Willman	24. Was disease or injury in any way ralated to occupation of deceasad?
8	(Address)	If so, specify
7 (7)	20. FILED May 31, 1931 Neton & Jorten	(Signed) M. D.
4	Registrar.	(Address) Williams

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance.  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE F	OK EURTH	ER STATEMENTS BY PHYSICIAN	

	- 06150
PLACE OF DEATH	STATE OF MARYLAND
County / all T	(3) CERTIFICATE OF DEATH
2 + 2	Registration Dist. No. 290
Village or City (No. Mergence 2FULL NAME Bly Whilly	Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	
	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
5/2P/3/,	, 192, 192
(Month) (Day) (Year)	that I last saw halive on, 192
7 AGE ·   If LESS than	and that death occurred on the date stated above, atm.
yrsmosds. ormin.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION	1 18000
(a) Trade, profession or	Jewill Pro
particular kind of work	
business, or establishment in	(Duration) yrs mos ds.
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary
10 NAME OF	(Duttion) yrs mos ds
FATHER Mary L. W Gully	(Signed) M. D
M 11 BIRTHPLACE	1927 (Address)
Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
TI 12 MAIDEN NAME	
of MOTHER when slay long	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
Ett (10) it	Former or usual residence.
(Informant)	19 MACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) here limb Ald	Hellulation my muzges
Filed 5/28 195, M. J. Neurus Registrar	Harry L. Whitly die Ober
If more blanks are needed, address State Registrar	, 16 W. Saratora St., Balto, Requesting V. S. No. 1.
	ma

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewije, Houselaborer, Farm laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the er," etc., whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day (6) Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi approved by Committee on telanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by as, fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train taken. FOR VIOLENT DEATHS State MEANS OF INJURY American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart Nomenclature of the not be

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1931

V. S. No. 1

N. B.

PLACE OF DEATH	STATE OF MARYLAND
County Salvot	CERTIFICATE OF DEATH
	202
4. (2) 1 1-	Registration Dist. No. 473
Village or City As Source of Street	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH
Married Wilowed OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
Tron 2 19/3	Mrs 17, 192, to Mary 15, 192
(Month) (Day) (Year)	that I law saw has alive on Man 1921,
7 AGE      If LESS than	and that death occurred on the date stated above, at 120 m.
l day hrs.	The CAUSE OF DEATH * was as follows:
/ / yrs. 6 mos. / de. or min.?	San a William
(a) Trade, profession or particular kind of work	
(b) General nature of industry	***************************************
business, or establishment in which employed or (employer)	(Durstion) de.
9 BIRTHPLACE	Contributory Secondary
(State or country)	(Duration). yracds
10 NAME OF	Manney John Mall
FATHER Names III William	1.1 9 A. h.
0 11 BIRTHPLACE OF FATHER	192 (Address)
Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
T 12 MAIDEN NAME OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
a carasi during	ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place of death yrs mos, ds. In the State yrs ds.
(State or Country)	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant array M. Lorelkins	usual residence
(Address) Sodowa 711	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 5/20, 19.3
Filed 5/19 1923/1 J. L. Bardner Registrar	ao UN DERTAKER LADDRESS
If more banks are needed, addre a State Registral	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, work, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, nature of the husiness or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Housemaid, etc. If the occupation has been changed "horer, Farm laborer, Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is necesyrs). (b) Cotton mill; (a) without more precise specification as Day Compositor, For persons who have no occupation (6) Automobile factory. The material Laborer-Coal mine, etc. Wom-Architect, Salesman, Locomotive engineer, (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"), Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

American Medical Association.) approved by Committee on tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Inanition, atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS state MEANS OF INJURY diseases "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) Chronic interstitial nephritis, peritonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as cough; " "Marasmus," "Old Age," "Shock," Chronic etc. The contributory affection need not be valvular heart Nomenclature Measles ; disease; etc., of

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JUN 2 19

(Approved by U. S. Census and American Public Health Association.)

gaged in domestic service for wage. a. Servant, Cook, ployed, as At school or At home. Care should be taken work. cr. it Home, and children, en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc.. worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner (b) Cetto mill National Selection (c) George (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it eupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a (a) Foreman, (b) Automobile factory. should be used only when needed. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business that not may be indicated thus: Farmor (reor given up on account of the DISLASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enfulness of various parsuits can be known. Statement of Occupation-Precise statement of oc-6 grs.). For persons who have no occupation For many occupations a single word or term on without more precise specification as Day As examples: (a) not gainfully em-The ques-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the exme disease. Examples: Corebrospinal fever (the only definite synonym is "Epilemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Broachopneumonia ("Pneumonia.")

"Dropsy." "Exhausticn." "Heart failure." "Haemor-rhage," "hianition." "Marksmus," "Old Age," "Shock," "Dropsy." "Exhaustic conditions such as "Asthenia," "Anacria" (merely diseases resulting from childbirth or miscarriage as symptomatic), "Atrophy," "Collapse," "Coma," ary), 10 ds. Never report mere symptoms or stated unless important. use of "Tumor" for malignant neoplasms); Meastes; inges, perilonaeum, etc., unqualified, is indefinite); Tuberculosis of lungs, men Nomenclature of the American Medical Association.) ment of cause of death approved by Committee quences (e. g., sepsis, tetunus) may be stated under the Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF taken. For VIOLENT DEATHS STATE MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicuemie." "Puerperal peritonitis," can be ascertained as the cause. "Uraemia," "Weekness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (seeondary or intercurrent) affection need Chronic interstitial nephritis, etc. Whooping cough; Chronic valvular heart disease; ...... (name origin; "Cancer" is less definite; avoid of the injury, as fracture of skull, and conse-"contributory." (Rreommendatious on state-("Congenital," "Seuile," etc.), Carcinoma, Sarcoma, etc., of Example: Meastes "Heart failure." Always qualify all The contributory terminal (disease (secondnot be "Con-

If this certificate is located over thoroughly and all questions answered in the lift, with want further correspondence. All the data is exactly and must be obtained before the certificate is runanently and the second and the certificate is runanently and the certificate is runanently and the certificate is runanently and all the certificate is runanently and the certificate is runanently and all questions are correspondently and all questions are considered before the certificate is runanently and all questions are considered before the certificate is runanently and all questions are considered before the certificate is runanently and all questions are considered before the certificate is runanently and all questions are considered by the certificate in the certificate is a runanently and all questions are considered by the certificate in the certificate is a runanently and all questions are considered by the certificate in the certificate in the certificate in the certificate is a runanently and all questions are considered by the certificate in the certificate in

06153

#### STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration L	list. No. a
Hilson	St.:Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
MEDICAL (	CERTIFICATE O	F DEATH
DATE OF DEATH	may	13 , 103/
May 8/31	TIFY, That atte	(Day) (Year) (Ye
nat 1 last saw hali nd that death occurred on the CAUSE OF DEATH *	on the date stated	192 , 192 , above, at 8 20 Gm.
o relieum d	Cobar , (	Donber)
Contributory Th	(Duration)	yrsds.
Secondary	2 (Duration)	
*State the Disease Violent Causes, state Accidental, Suicidal or Ho	Causing Death, (1) Means of Inj	or, in deaths from ury and (2) Whether
ients or Recent Residen	its)	als, Institutions, Trans-
t place deathyrsmos here was disease contracted not at place of death?	,	yrsds.
rmer or ual residence		00000000000000000000000000000000000000
Easton, M		5/6 , 193/
UNDERTAKER	91	ADDRESS P. M. S.

8. No.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed laborer, Farm laborer, Laborer—Coal mine, etc. Womwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the household only (not paid Housekeepers who receive a Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Physician, Compositor, Architect, Statement of Occupation-Precise statement of oe-Foreman, (b) Automobile factory. The material first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer, """Deal-Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"), Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." American Medical Association.) approved by (Recommendations on statement of cause of carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis, "Inanition," "Marasmus," UIG Age, SHOEK, "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemic" (merely symptomcausing death), 29 ds.; L. hopneumonia (secondary), (secondary or intercurrent) affection need use of "Tumor" for malignant neoplasms); Mcasles, ..... (name origin; "Caneer" is less definite; avoid Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menperitonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, resulting from childbirth or miscarriage as Committee on Nomenclature Chronic Example: Measles (disease etc. valvular heart The contributory not be disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	PLACE OF DEATH
	County Talbox
ate	illage or City Easton (No. ENI 2FULL NAME Baby Boy Neas
of certific	PERSONAL AND STATISTICAL PARTICULARS
3 3	SEX 4 COLOR OR RACE 5 SINGLE, NEW BOTH
Sack o	nale White or Divorced (Write the word)
6	DATE OF BIRTH
tions on bac	(Month) (Day) (Year)
ee Instructions	Still barr   If LESS than   I day hrs.   hrs.   or min.?
ortan	(b) General nature of industry business, or establishment in which employed or (employer)
PARENTS	10 NAME OF FATHER WILLIAM DESCRIPTION  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  14 May Woulds  15 BIRTHPLACE OF MOTHER (State or Country)  16 May Way Way Way Way Way Way Way Way Way W
	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
statement o	(Informant) Hylalman
3	(Address) St. M. chaels, U.S.
15	Filed 5/8 1981 D. S. Do 10114

06170 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration D	ist. No. 270
pla Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and

-	MEDICAL CERTIFICATE OF DEATH
1	6 DATE OF DEATH
	(Month) (Day) (Year)
	7 I HEREBY CERTIFY, That I attended the deceased from
ti	hat I last saw halive on, 192,
a	nd that death occurred on the date stated above, atm.
T	he CAUSE OF DEATH * was as follows:
	Render
-	Tremslere Seperation of
4	army inflances freezella
	(Duration)yrsmosds.
	Contributory Secondary
(3	Duration) yrs
P	192 (Address) Erslow my
	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
14	3 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trens- ients or Recent Residents)
A	t plece In the death yrs. mos. ds. State yrs. mos ds.
W if	/here was disease contracted, not at place of death?
	ormer or sual residence
15	Preverated DATE OF BURIAL
2	UNDERTAKER
7	MADA DE LA LINE LA

If more branks are needed, address ttate Registrer, 16 W. Seratoga St., Belto, Requesting V. S. No. 1.

S. No. 1

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cooks, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealreport specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation 6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

5

permanently filed

Tas fracture of skull, and consequences (e.g., sepsis American Medical Association.) If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is approved by Committee on letanus) may be stated under the head of "contributory." inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; "Traemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease (Recommendations on statement of cause of death carbolic acid - probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Chronic interstitial nephritis, Whooping cough; Chronic valvular heart disease; nephritis, etc. The contributory Nomenclature of the contributory

1 221	STATE OF MARYLAND—	CERTIFICATE OF DEATH
St ag	1. PLACE OF DEATH	(B)
200	County / af ba	Registration Dist. No.
should f OCC	Village or City Manhama	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
/= vo	Length of residence in city or town where death occurredyrs,mos.	
Every MANS Sment	2. FULL NAME Mairies Hours	
SIC	(a) Residence: No.	St., Ward.
G hert	(Usual place of abode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
r tECC PF Xact	PERSONAL AND STATISTYCAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
N. H.	Male lae OR DIVORCED (write the Word)	May Z 193 / (Month) (Day) (Year)
ING NEN C T I	5a. If married, widowed, or divorced HUSBAND of	
O 4 4 8	(or) WIFE of Gloralto young	22. I HEREBY CERTIFY, That I attended deceased from
A Sxc.	6. DATE OF BIRTH (month, day, and year) March 50 -1874	Hest saw him elive on hear 2 , 19.3./; death is sale
	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12-3 Ogh Two.
FOR IS A I stated proper	57 1874 / Mart 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:  Date of onset
- 70	8. Trade, profession, or perticular kind of work done, as SPINNER,	C- 1- 100 24
田田二二	SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL,	they
ERV VK-T should it may n back	SAW MILL, BANK, etc	
RESE IG INK IGE sh that it	this occupation (month and spart in this year) occupation	7.
N 4 - B	12. BIRTHPLACE (city or town) Talkar &	Other Contributory Causes of importance:
ARGIN UNFADII pplied. terms, so	(State or country) Hurban and	ia mo
MARCE UNFA supplied n terms, ee instru	13. NAME Walking	
	14. BIRTHPLACE (city or town) Talbut On 1	Name of operation
Atria.	(class of double)	What test confirmed diagnosis?
E	I	23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?
AINLY, dd be ca DEATH	16. BIRTHPLACE (city er town) / Charles (State or country)	Where did injury occur?
	17. INFORMANT GLASSE TOWN	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Should OF D	(Address) Stormhour (Marian, CREMATION, OR REMOVAL)	
	Place of michael in Date May 5, 193/	Manner of injury
-WRITH mation S CAUSE TION is	De la contraction de la contra	24. Wes disease or Injury in any way releted to occupation of deceased?
T. T.	19. UNDERTAKER A Warrant as A Darrhau A	If so, specify
(F)	20. FILED May 5, 1931 John Howaler	(Signed) As a Mary Welling M.
N E	Zocal Registrar.	(Address) As Meceleur

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example CEIVE		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week age
Chronic interstitial nephritis RITE	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other centributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

